



Enquiry Form

Please complete in block capitals and return this form to us within 14 days.

This form is issued to:

Name:

Address:

Issuing office:

Date of issue:

Office phone:

Appeal Reference Number:

National Insurance Number:

Your Phone Number:

Please answer the following questions and sign and **return this form within 14 days in the envelope provided.**

Question 1

Do you want to have a hearing where you and your representative, if you have one, can meet the Tribunal and put your case?

Yes ☐

No ☐

If you have ticked **NO**, we will go ahead on the basis that you have no objection to the appeal being decided by the Tribunal in your absence. You can still write to us with anything you would like the Tribunal to take into consideration, **but please do so within the next 14 days.**

Question 2

If you have a representative, please give their name and full address.

If you do not yet have a representative you can send us your representative's details later.

Name:

Address:

Phone number:

Question 3

If you have chosen to attend the hearing, we will usually give you at least 14 days notice of the date of the hearing.

Please tick this box ☐ if you would be willing to accept shorter notice. This may allow the appeal to be arranged more quickly, for example, should another appeal be cancelled.

Question 4

If you have chosen to attend the hearing, please tell us if there are any regular days of the week, from Monday to Saturday, when you would **NOT** be able to come to a hearing (for example, dates of holidays or hospital appointments).

Question 5

Do you need an interpreter?
If you do, we will arrange for the services of an independent interpreter to be available at the hearing.

Yes ☐

No ☐

Tell us what language and dialect you usually use. Language

Dialect

Question 6

Do you need a signer?

Yes ☐

No ☐

What type of signer do you need?

If you do, we will arrange for the services of an independent signer to be available at the hearing.

Question 7

Please tell us of any special needs, such as hearing loops, disability access. Also if you are prepared to travel to a more distant venue, if your appeal could be heard more quickly.

Signature

Date